

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09736076
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1			1		
3	1			1		
4	1			1		
5		1		1		
6		1		1		
7	1			1		
8	1			1		
9	1			1		
10		1		1		
11		1		1		
12		2		2		
13	1			1		
14		1		1		
15		1		1		
16		2		2		
17	1			1		
18		1		1		
19		1		1		
20		2		2		
21	1			1		
22		1		1		
23		1		1		
24		2		2		
25	1			1		
26		1		1		
27		1		1		
28		2		2		
29	1			1		
30		1		1		
31		1		1		
32		2		2		
33	1			1		
34	1			1		
35		2		2		
36	1			1		
37		1		1		
38		1		1		
39		2		2		
40	1			1		
41		1		1		
42	1			1		
43						
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46						
47						
48						
49						
50	1			1		
TOTAL IND.	17		2			
TOTAL DEP.		34		55		
TOTAL CLAIMS	50		57			

	A		B		C	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS